## AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

(PUBLIC LAW 92-300, AS AMENDED)

1.	Name (Print Last, First, Mid	ddle Initial)									
2.	Address (Street, City State	, Zip Code)									
3.	Description of work to be p	erformed									
4.	4. All of the above described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a federal employee.										
5.	5. I understand that either the Forest Service or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Forest Service in its authorized work.										
6. Signature (Volunteer)						7. Date					
8. Signature of Parent or Guardian, if unde			der 18 yea	ars of age		9. Date	9. Date				
	ACCEPTANCE FOR THE FOREST SERVICE										
The Forest Service agrees while this agreement is in effect to:  1. Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:											
	a. Subsistence	Yes	☐ No	Amount if yes:		Remarks:					
	b. Transportation allowance	☐ Yes	☐ No	Rate if yes:		Remarks:					
	c. Provide lodging	☐ Yes	☐ No	Remarks:							
	a. Other	☐ Yes	☐ No	Remarks:							
2. Consider you as a federal employee for the purpose of tort claims and compensation for work injuries.											
3. Authorize you to operate federal motor vehicles when necessary, provided you are licensed to operate a motor vehicle.											
4.	Signature		5. Title			6. Unit	7. Date				
			<u> </u>				<u> </u>				

TERMINATION OF AGREEMENT							
1. Agreement Terminated on (Month, Day, Year)	2. Signature (Unit Manager/Staff Officer)						
2. Damanda							

3. Remarks:

ACCOMPLISHMENTS											
RESOURCE CATEGORY (a)	NIRP CODE (b)	UNIT OF MEASURE (c)	AMOUNT ACCOMP. (d)	HOURS CONTR. (e)	COST TO GOVT. (f)	APPRAISED VALUE (DOLLARS) (g)					

## **Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## Privacy Act Statement

Collection and use is covered by Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA Forest Service for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.